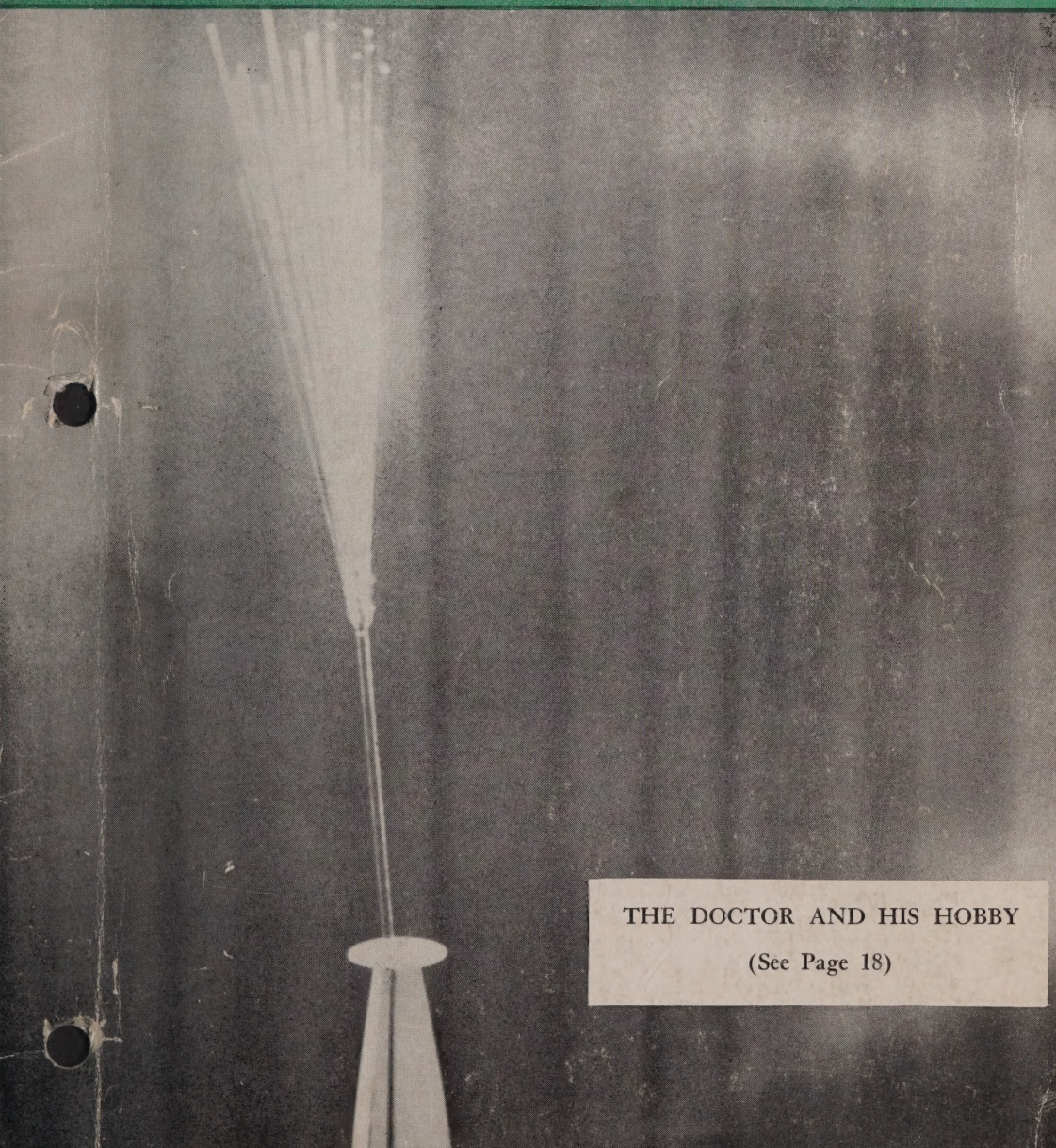
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVIII JANUARY, 1962 NO. 1



THE DOCTOR AND HIS HOBBY

(See Page 18)

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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EDITORIAL

LEGISLATION, 1962

Shortly after the Holiday Season our lawmakers in Boston and Washington will reconvene in legislative session. It is safe to assume that many of the bills to come before them will deal with matters pertaining to medicine and health. As physicians it is imperative that we take an active interest in every item of legislation affecting directly or indirectly the practice of medicine and/or the health of the public.

The controversial King-Anderson bill is almost certain to come up in Congress in 1962. President Kennedy has given it top priority on the Administration's legislative program. The current nation-wide hearings, of the type held in Springfield on November 29, are apparently a desperate effort on the part of the administration to popularize a bill which last year couldn't muster enough strength to reach the floor of the House. Our opposition to this measure to quote from a previous editorial, " . . . is well grounded. It

NEXT DISTRICT MEETING, FEBRUARY 6, (See Page 13).

is based on the well known weakness of government medicine; the introduction of a third party into the confidential physician-patient relationship; the compulsory aspects of this program; the inclusion of the well-to-do as beneficiaries merely because they happen to be on the Social Security rolls; the exclusion of the poor and indigent who so often are not on the Social Security rolls; and finally the bureaucratic control of medicine from Washington."

Every physician should be familiar with these reasons. He should be familiar also with the reasons why we favor the Kerr-Mills bill, which was enacted by Congress in the summer of 1960. In contrast to the K-A bill the K-M act provides medical care for the elderly patient who is in need of financial assistance regardless of social security affiliation; it does not subsidize the rich; it is voluntary in nature; and it is free of control from Washington.

Organized medicine favors also the passage of the Keough bill, a measure which has been tossed around in Congress for more than a decade. This bill would give the physician a well-deserved tax break on money paid into a retirement fund. It would enable him to defer paying income tax on this money until later in life when his tax rate presumably would be lower. The Keough bill which almost passed in 1961, is expected to be enacted in 1962, but not without support from our profession and others.

Turning now to Beacon Hill we again find ample reason for concern and vigilance. Of the 68 "medical" bills processed last year our state legislative committee saw fit to oppose 24 and to approve or take no action against the others. Examples of bills our Society helped defeat are (1) The chiropractic bill (2) a bill to compel every physician to take a monthly 24-hour public call duty, and (3) a bill providing that there shall be a doctor in attendance at all times at all hospitals.

What about 1962? Little will be known until February 6th when our Legislative Councilor, Dr. Emery, presents his report before the Society. Some action may well be expected in connection with the state medical school issue. Our society has made its own position quite clear on December 6, 1960, when it voted: "Although Hampden District does not feel the need of a medical school in Massachusetts, if a medical school should be established in Mass. it should be established as a branch of the University of Mass. in Western Mass." This view should be supported by all physicians until the state legislature has taken final and definite action. In all other matters we are to keep ourselves well posted on what's going on in our state and national capitols. This will enable us to offer our legislative committee the intelligent and wholehearted support which it so richly deserves.

M.

President's Page

1962?

If the predictions of the Federal Administration come true and the King-Anderson Bill becomes a law of the land, a new era in medicine and our form of government will begin, namely inferior socialized medical care under an insidious form of socialism.

Some deny this, others say they will let it go no further and still others admit it and say, "What is wrong with Socialism."

The last group is better informed and honest in their espousal of Socialism.

Once the barrier of private medical care is invaded by the government, we shall have reached the point of no return—the change may be slow, but inevitable and permanent.

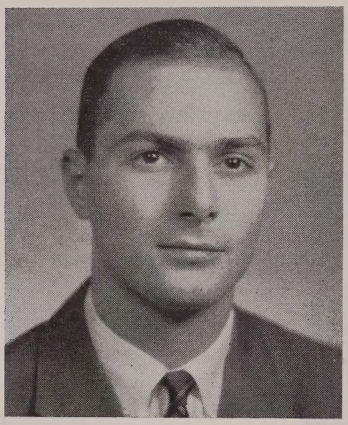
It is your duty to your patients and to future generations to warn that the family doctor will be changed to a government doctor unless they write their senators and congressman to defeat the King-Anderson Bill.

The future of the best medical care that the world has ever known and your country's form of government is in peril.

Wake up!

Jerry Whitney, M.D.

WELCOME - - - NEW MEMBERS

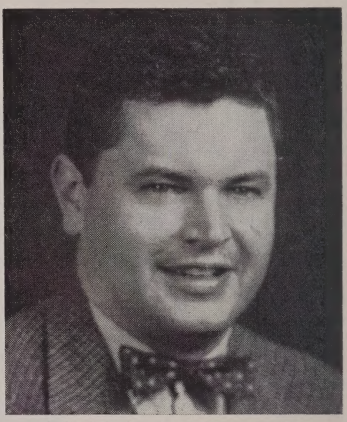


ROBERT PETER CAVALLINO, M.D.
Born: Brooklyn, N. Y., Nov. 12, 1934

Medical School:
Tufts University 1959

Internship:
Tripler U.S. Army Hospital,
Honolulu, Hawaii, 1959 - 1960

Flight Surgeon, USAF 1959—present

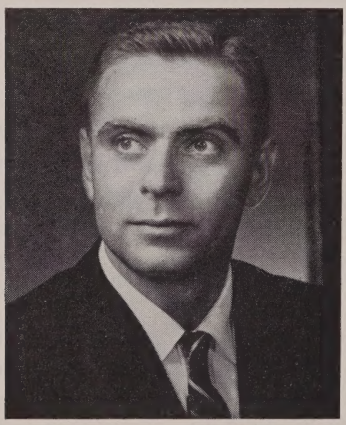


WILLIAM A. LONG, M.D.
16 School Street, Westfield, Mass.
Born: June 7, 1928

Medical School:
University of Vermont, 1956

Internship:
Degoesbriand Memorial Hospital,
Burlington, Vermont

Specialty:
General Practice



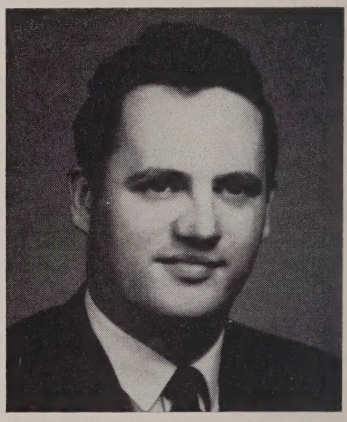
BERTON ROBERT SHAYEVITZ, M.D.
364 Maple Street, Holyoke, Mass.
Born: Albany, N. Y., Nov. 7, 1931

Medical School:
New York University, 1957

Internship:
Kings County Hospital, Brooklyn, N. Y.

Residency:
Beth El Hospital, Brooklyn, N. Y.
Veteran's Administration Hospital,
Dallas, Texas

Specialty:
Internal Medicine



DONALD CLEMENT LABRECQUE, M.D.
146 Chestnut Street, Springfield, Mass.
Born: Willimansett, Mass., June 9, 1929

Medical School:
Boston Univ. School of Medicine, 1955

Internship:
Baltimore City Hospital, Baltimore, Md.

Residency:
Boston City Hospital, Boston, Mass.
Joslin Clinic, Boston, Mass.
Deaconess Hospital, Boston, Mass.
Lahey Clinic, Boston, Mass.

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EXCELSIOR ?

On December 18, 1961, a fifteen man "Special Commission providing for an investigation and study relative to the establishment of a State supported medical school", as appointed by Governor John A. Volpe, voted unanimously that a four-year medical school with an entering class of 96 students be established as part of the University of Mass. This is the firmest support given to the concept since it was first studied in 1948 and subsequently in 1950, 1952, 1953, 1954, and 1955.

Although several locations were considered by the Commission, a recommendation in regard thereto was not made. It was decided, rather, to leave the matter in the hands of the Trustees of the University after review of the recommendations of a proposed professional survey and of a to-be-hired medical school dean. Some observers interpret this as an effective way of getting the project through the General Court and thereby forestalling regional factionalism which might and has tended to block establishment of the school until after the project has actually been started.

In addition to asking for funds for a professional survey, the Commission intends to recommend that money be placed in the next capital outlay bond issue of the Commonwealth for architect's plans for a basic medical science building. According to experts, the cost of a basic medical science building attached to and including a teaching general hospital would be in the vicinity of $12,000,000. The net annual operating cost would be probably between $1,000,000 and $1,500,000.

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COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETING,
JANUARY 16, 1962

HAMPDEN DISTRICT MEETING, FEBRUARY 6, 1962 (PAGE 13)

PEDIATRIC GUEST SPEAKER, SPRINGFIELD HOSPITAL,
FEBRUARY 8, 1962 (PAGE 24)

DIABETES IN REVIEW, DETROIT AND ANN ARBOR MICHIGAN,
JANUARY 17, 18 & 19, 1962

M.M.S. COUNCIL MEETING, BOSTON, FEBRUARY 7, 1962

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 24, 1962

M.M.S., ANNUAL MEETING, BOSTON, MAY 22, 23 and 24, 1962

A.M.A., ANNUAL MEETING, CHICAGO, ILLINOIS, JUNE 25-29, 1962

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—Rostenberg, A., Jr.: Clinical Evaluation of Flurandrenolone, a New Steroid, in Dermatological Practice, J. New Drugs, 1:118, 1961.

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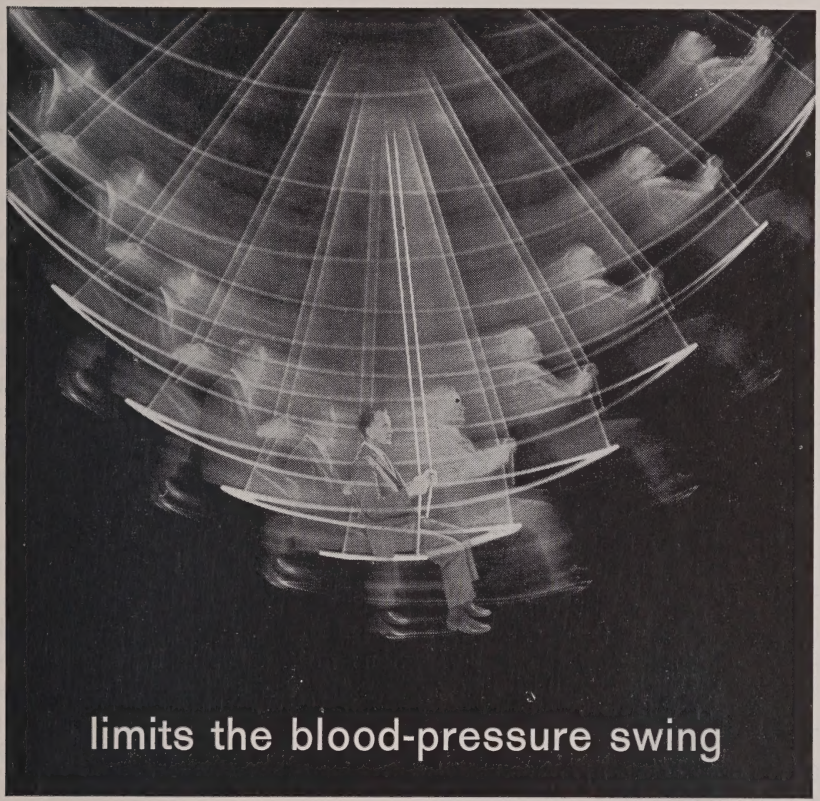

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"TO BE OR NOT TO BE"

It had its beginnings as a small cloud on the horizon, but now it looks like a good old-fashioned August thunderstorm. What is it? Why, it's the approaching fury over compulsory membership in AMA for all members of MMS. Twelve state societies now require their members to join AMA. The latest state to embrace mandatory membership is New York. There is increasing pressure being exerted in our own state to follow suit with the Council of the M.M.S. already reporting favorably on it. As is usual in policy disputes, some hot and heavy feelings are being generated. They promise to get hotter and heavier.

Proponents say that AMA is performing major services and that it deserves our support. The lobbying in Congress is, of course, the most widely publicized of its activities. However, much more is done by AMA, namely, evaluation of new drugs, publication of journals, lay education, fund raising for medical schools, physician placement, war against quackery and so the list goes on and on. If we all benefit from these activities of AMA, should we not support them with compulsory dues? Why should the 76% of MMS members who belong to AMA have to subsidize the 24% who choose not to belong?

Another argument is that the AMA and what it does are what make medical news in this country. County and state society pronouncements and resolutions get, at best, local publicity. AMA's roars are heard nation wide. Therefore, it is not enough to join on the State level. Membership in the AMA house of delegates is directly proportional to the number of members from the given state. If MMS makes all of its members join, we would gain one and possibly two new seats.

Another advantage is the publications one gets for his $25.00 AMA dues. These include subscriptions to the "JAMA", to one of the ten speciality journals put out by the association, "Today's Health", and "The

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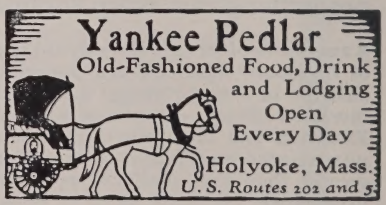


COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

AMA News".

Finally, the pro-compulsion people say that any member who won't join because he doesn't like AMA policies can change these policies only by getting into the organization and fighting for his beliefs.

Those opposed to compulsory membership in AMA counter with several ringing rebuttals. They point out first that compulsion is tyranny. What right does the state society have to demand that we join AMA? We are already a captive audience because hospital privileges in this state are so closely tied to state membership. How can we argue for the free choice system of medicine in this country if we coerce ourselves like so many dumb sheep?

Again, many feel that AMA is so hopelessly in the hands of the arch-conservatives that no change could be effected by joining. For example, the consensus is rapidly growing that a majority of physicians in this country want Social Security for themselves and their families. Will AMA heed this growing voice? Not on your life, say its critics. It will be resolutely opposed to Social Security for physicians.

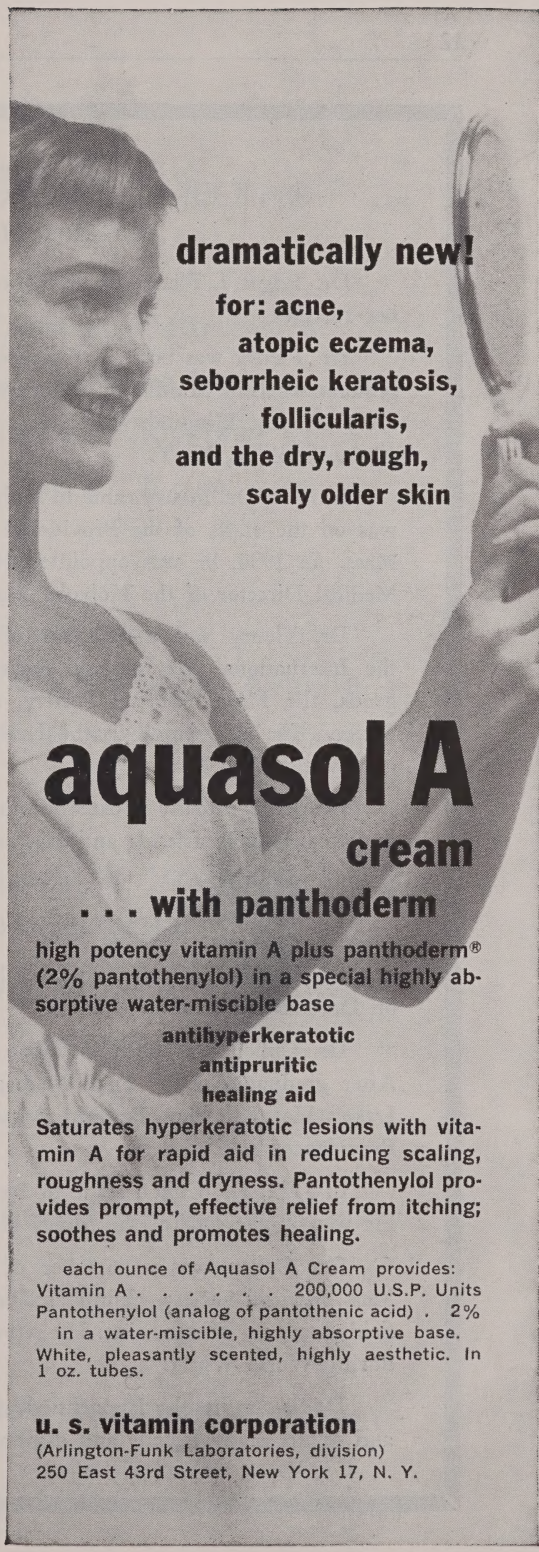
The opponents also feel that a fight to force membership on all our members will be a divisive influence in the state. It will drive some members out of our state society and will certainly leak into the lay press. Why precipitate a pitched battle? Why not let men do as they wish?

In brief, these are the arguments. Collect your thoughts, brethren, because you will be hearing more of this.

Maher

(Editor's Note:

Action on the above problem will be taken by the M.M.S. at its Annual Meeting in May. Members are invited to express their own views by writing to the Hippocrat.)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In Memoriam

EDGAR J. FLEURY, M. D.

Dr. Edgar J. Fleury of Holyoke, Mass. died at his home on December 16, 1961.

Dr. Fleury was born in Chicopee, Mass. on February 26, 1906. After graduation from Middlesex College of Medicine in 1932, he served at the Holy Family Hospital, Caledonian Hospital, and St. Mary's Hospital, all in Brooklyn, N. Y.

In 1935, Dr. Fleury came to Holyoke and has practiced there since. He was on the staffs of the Providence and Holyoke Hospitals in Holyoke, Mass. In 1950, he was appointed Holyoke City Physician, and in 1955, Medical Director of the Holyoke Municipal Hospital and Home.

Dr. Fleury was a member of the American Medical Association, the International Proctological Society, the Association of Military Surgeons, the Mass. Medical Society, and the Hampden District Medical Society. He also served in the United States Army Medical Corps. during World War II.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

CHARLES A. CULLEN, M. D.

Dr. Charles A. Cullen died at the Mercy Hospital, Springfield, Mass., on December 29, 1961.

Dr. Cullen was born in Hyde Park, Mass., on February 21, 1889. After graduation from Tufts Medical School in 1913, he interned at St. Luke's Hospital, New Bedford, Mass., and the Providence City Hospital, Providence, R. I.

In 1919, Dr. Cullen came to Springfield and has practiced here since. He was on the staff of the Mercy Hospital, Springfield, Mass.

Dr. Cullen was a member of the American Medical Association, Mass. Medical Society, Hampden District Medical Society, and the Springfield Academy of Medicine. He served in the U. S. Navy Medical Corps. during World War I.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

NEXT HAMPDEN DISTRICT MEETING

TIME: Tuesday, February 6
Social Hour 6 p.m.
Dinner (Courtesy of Society) 7 p.m.

PLACE: Storrowton
1305 Memorial Avenue
West Springfield, Mass.

SPEAKER: David W. Wallwork, M. D.,
President
Massachusetts Medical
Society

YOUR PRESENCE IS URGENTLY REQUESTED

Ray T. Smith,
Secretary

REPORT OF THE NOVEMBER MEETING HOUSE OF DELEGATES OF THE A.M.A. IN DENVER, COLORADO

It is of extreme importance to every member of the Hampden District Medical Society to realize the democratic manner in which the A.M.A. House of Delegates functions. On the first day, reports of the various committees and resolutions are presented to the convened House. These reports and resolutions are read and then referred to the appropriate reference committees. The entire next day is then taken up with the activities of these reference committees who are appointed by the Speaker and before whom any members of the A.M.A. is entitled to speak pro or con the subject under discussion. Debate is unlimited and at times quite vigorous. When everyone has had his say, the reference committee then goes into executive session and writes its report. This comes back to the House of Delegates the next day for vote. It is obvious that everyone may not agree with the decisions of the reference committee so that in the full meeting of the House of Delegates the subject can be rediscussed. When a vote is finally taken upon either a resolution or a committee report with its recommendations, it is an educated vote since it is based on considerable information and considerable discussion.

All the delegates and alternate delegates from Massachusetts were present at the meeting and it might be of some interest to Hampden District Medical Society how the delegates could keep informed when such a variety of activites are going on. Each morning, the delegates from all the New England states met for breakfast at 7:30, and at that time, each one was assigned by the elected chairman to a reference committee to hear the testimony and bring it back to all the other delegates so that they would all be equally well instructed. There was then discussion amongst the New England delegates so that each member would have a full background of any subject that might come up. The New England delegation was particularly fortunate in that Dr. Norman Welch, Speaker of the House, was a delegate from Massachusetts and attended the breakfast meetings. The delegates also had available the sage advice of Dr. Leland McKittrick, the Chairman of the Council on Medical Education and

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Hospitals.

The president of the A.M.A., Dr. Leonard W. Larson of Bismarck, No. Dakota, spoke in favor of the Kerr-Mills act and again urged a concerted, determined fight against social security health care proposals now before Congress. There were several resolutions expressing dissatisfaction over recent statements from the American College of Surgeons. Thereupon, the House of Delegates approved a Board of Trustees report informing the former that arrangements have been made for a January meeting with the American College of Surgeons Board of Regents. There was wholehearted approval of the recently organized American Medical Political Action Committee, known as AMPAC, which has been referred to in the previous issue of the Hippocrat. What was said in last month's Hippocrat will not be repeated, but everyone is urged not only to join AMPAC, but to work in and with it. In the discussion of polio vaccine, it was generally felt that the local medical society should determine the type of vaccine and the most effective type of program which would be of greatest benefit to the public. Furthermore, it was recommended that until such time as all three types of vaccine are available, the Salk vaccine should be the one of choice for routine polio-myelitis immunization. The choice of program for administering the vaccine should be determined on a local basis by each county medical society.

There were a variety of less controversial subjects discussed such as: recommendations that the Board of Trustees continue negotiations for a group disability insurance program for A.M.A. members; reaffirmation that physicians should have the privilege of prescribing drugs by either generic or brand names; and the vigorous promotion of voluntary nonprofit prepayment health plans. It was also urged that all physicians use seat belts in their cars and thereby set a good example for the general public.

It is not necessary to enumerate all the 38 resolutions and various reports voted on since these have been reported in the A.M.A. News and the December 11th issue of the JAMA.

Suffice it to say that if any members of the A.M.A. has anything on his mind dealing with policies of the A.M.A., he can speak his mind before the appropriate reference committees at any meeting.

Donald R. Hayes, M. D.
Alternate Delegate from Mass.
to the A.M.A. House of Delegates

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Dear Hippocrat:

A new venture in public service advertising will be launched by the American Medical Association early in January.

Every county medical society will receive the first six in a series of public service messages with the recommendation that these ads be placed in local newspapers.

The ads are simple, straight-forward and non-political. Each message is "open end" so that a medical society can add appropriate local information. The first six ads cover these subjects:

* Choosing a family doctor
* Medical society grievances committees
* Doctor-patient relationship
* Why MDs promote immunization
* Medicine's traditional guarantee of care for all
* Cost of medical care

Jim Reed, AMA's Communications Division director, says the ads will help medical societies fulfill their educational responsibilities to the public and at the same time improve medical press relations.

"For years newspapers publishers have resented medicine's unwillingness to buy space to tell the people its views on specific subjects. What doctors considered conformity to medical ethics was construed as niggardliness by the press," Reed said.

"Medicine's traditional reluctance to call attention to itself allows many a criticism to go unchallenged. Several medical societies have pioneered by placing institutional ads in local papers. These ads, styled as public service messages, have been extremely well received by the public and the newspaper profession."

The new series of public service ads has long been recommended by AMA's Communications Advisory Committee, composed of representatives from state and county medical societies. The next six in the series, with accompanying art work if societies choose to use it, will be ready early in February.

A.M.A.

QUOTE OF THE MONTH

"The efforts of the federal government to dictate fees and to nationalize care for the aged, makes the future of the individual practitioner of medicine precarious indeed. It will take a much more united and vigorous stand on our part to resist this growing trend."

—Joseph Palma, M.D.
J.A.M.A., Dec. 9, 1961

OVERWEIGHT?
10-12 HOUR HUNGER CONTROL WITH
LESS THAN 1% CNS STIMULATION
TENUATE® DOSPAN®

Compliments of
RATELL FUNERAL HOME
200 Main Street
Indian Orchard, Mass.

MEDICAL MANAGEMENT
99 Amostown Rd. West Springfield, Mass.
REpublic 6-2584
Modern Electronic Billing & Related Business Services for Medical Men

COMPLIMENTS
T. P. Sampson Co.
Springfield

SPRING STREET DRUG, INC.
Spring & Pearl Streets RE 6-0352
We Welcome the Opportunity to Serve Not Only Our Customers, But Also Their Physicians.

. . WHILE IN THE SERVICE . .

Dr. Charles Holt's files are located in the HDMS headquarters. Any physician seeking information concerning any of Dr. Holt's patients can obtain same by contacting Mrs. Purdy thereat.

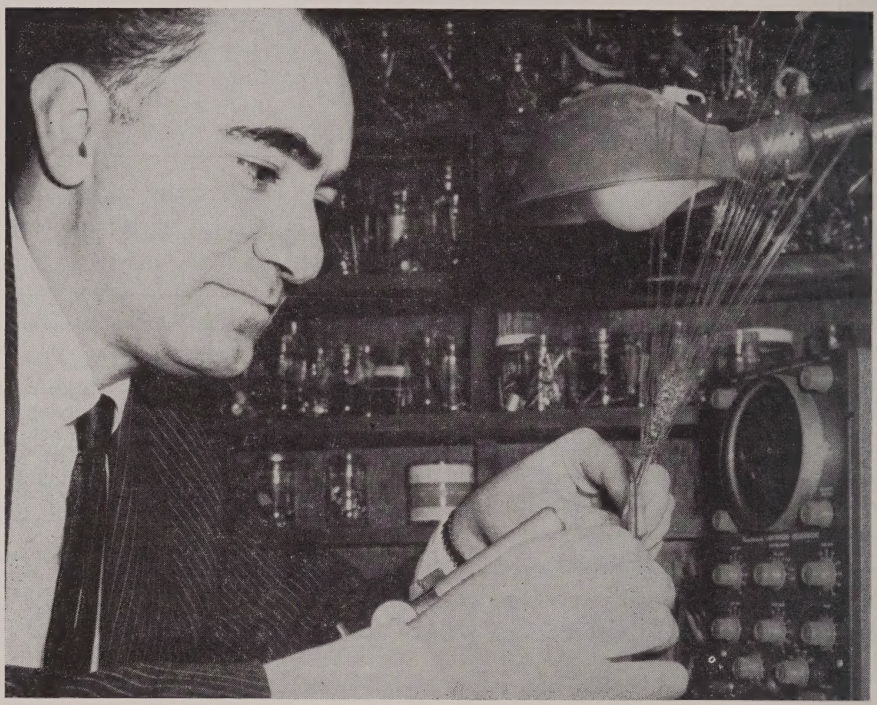
If it is newsworthy and medical, the Hippocrat would like to hear about it.

CANTON RESTAURANT
Chinese & American Food—Cocktails
A la carte all day and evening—serving high quality food—Orders to take out.
Air Conditioned For Your Comfort
111 Worthington St. — Springfield

SARATOGA DRUG COMPANY
690 Main Street Springfield, Mass.
Telephone RE 2-1883
MAIN STREET'S MOST MODERN PHARMACY
ESTABLISHED OVER 40 YEARS
REGISTERED PHARMACISTS
ALBERT C. KALMBACH MYRON R. KLIGERMAN

Riverdale Gardens Nursing Home
42 Prospect Avenue - West Springfield, Mass.
RE 3-3151
OPEN 24 HOURS A DAY FOR INSPECTION

THE DOCTOR AND HIS HOBBY
10 - Glass Blowing



Dr. Mustafa Adham first became interested in "glass blowing" in 1947. At that time, a Yugoslavian chemist arrived at the University of Bagdad where "Musty" was studying medicine. The fascinating hobby of shaping glass and blowing both useful and decorative glass articles started to breed.

Offhand glass blowing, or blowing glass without the use of molds, is an art more than 2,000 years old. An unknown Phoenician glass worker is believed to have invented the first blowpipe about 2,300 years ago. His method of shaping glass is still used in making hand-blown glassware.

Glass manufacture flourished in all the countries under Roman rule. In fact, the first four centuries of the Christian Era was called the First Golden Age of glass.

During the Crusades, glass manufacture began in Venice, where an elaborate guild system of glassworkers was set up. Thus, began the Second Golden Age of glass, a period whose history reads like a fairy story. The penalty for betraying the secrets of glassmaking was death.

An expert glassblower, such as "Musty", knows the composition of the glass he works with since this makes a great deal of difference in its melting point and physical properties. Lead glass, for instance, may not be re-heated as it then becomes black.

"Musty" compares glassblowing to violin playing. He says that in order

To be adept at this art, one must keep in practice. His knowledge of the physical properties of various glasses and the changes that take place with the addition of various chemicals play an important role in his expertly shaping of the glass.

Because of his busy surgical practice, he has not been able to do as much work with this fascinating hobby that he would like to. However, he not only makes many decorative objects, such as the stalk of wheat pictured on the cover, but also makes various laboratory items such as T-tubes and complicated glass tubing arrangements.

We hope "Musty" keeps at this very fascinating and unusual hobby.

Vassos

Cover and above photo by H. G. Ring, M.D.

Absorbine Jr.

CROTTY DRUG STORE
78 Elm Street — Westfield, Mass.
LOgan 2 2644
Over Half a Century
Serving Westfield People

SOUND SCRIBER
T. E. Skinner Associates
Springfield, Mass.
121 Chestnut Street
REpublic 4-8143
Hartford, Conn.
692 Maple Avenue
JAckson 7-8000
Now, for the first time, a system has been developed ideally suited to the complex requirements of medical record-keeping. Case histories, observations, diagnoses and reports can be recorded on the spot.
departmentalized medical record dictation at low cost

Trusses — Surgical Belts — Colostomy Bags — Chairs and Hospital Beds
NORTH SIDE PHARMACY, INC.
TEMPLETON DRUG STORE, INC.
PRESCRIPTION SPECIALISTS
WESTFIELD, MASSACHUSETTS

IN A NUTSHELL

Dr. Ronald R. Winton, Editor of the Medical Journal of Australia, stated recently that "the complexities of our age place an increasing and often intolerable burden on the weaker brother in most communities, and society's sense of collective responsibility for him has grown. This is right and good. The problems arise when we debate *how* that responsibility should be discharged".

There have been quite a few different solutions tried in many countries and herewith presented, in nutshell version, are two strikingly different programs to help pay the costs of national health.

In England, the practice of medicine is controlled outright by a third party, the government. Doctors' services are "free" to the patient. Doctors are paid by the government at so much per listed patient per year with funds provided from general taxation.

So we find:

1. The compulsory provision by the government of free medical care from cradle to grave for rich and poor alike.
2. Doctors are, in effect, government employess.
3. There is destruction of the essence of good medicine; namely a relationship between patient and chosen doctor given in confidence and mutual trust.
4. There is loss of freedom and thus of incentives. The inflexible system has undergone no significant changes since its inception in 1946. The average doctor's annual income is $6,720 and it is virtually impossible for him to earn more or to relocate in a new town.
5. Costs are skyrocketing — 2.42 billion dollars for the year 1960. This is double the cost in 1950. Taxes are punitive; yet, with all this there has been no modernization of hospitals for at least the past ten years.
6. There is lack of coordination and cooperation between physicians, government, hospitals, medical schools, and research.
7. There is a lowering of standards of practice. The status of the medical career is losing appeal as a calling.
8. An attitude of dependence on the state is fostered by the system.

Contrast this with the solution worked out in Australia where there is deep

MAPLE HILL NURSING HOME
156 Mill Street — Springfield, Mass.
RE 7-2148
JOEPH M. JOSEPH, Administrator

ASCOT
TRAVEL SERVICE
Airlines - Steamships - Resorts
VICTORY THEATRE BLDG.
Holyoke
JE 4-3394 4-3395 4-3396

Compliments
Edward F. O'Donnell
FUNERAL HOME
Springfield

Waiting Room & Office Furniture
Office Planning
A. R. REID
100 STATE STREET — SPRINGFIELD
REpublic 9-7385 - 6

suspicion of the "Welfare State" and its implications. "Various social services provide for those with genuine needs, but a premium is still put on self-reliance and independence of spirit. Australia's program has been carried out by active cooperation and intelligent partnership of government, hospitals, doctors, chemists, insurance organizations, and individuals. This partnership encourages and stimulates self-help which also helps the whole community. Each partner has defined functions and obligations aimed at implementing measures to cure disease, shorten duration of sickness, and to make the scheme pay back to the community more than it costs."

"The National Health Service in Australia is working well. It is generally acceptable to the government, to the people, and to those who have to work it, and as we see it, favors the best interests of the community".

So we find:

1. The government encourages citizens and families to join various voluntary insurance plans run by non-government "societies".
2. In addition, the government provides a benefit varying up to a maximum of 49% of the total. However, the total benefits from the aforementioned two sources cannot exceed 90% of the doctor's charge.
3. The government pays the insurance premiums for the needy.

In this way:

1. The doctor charges the patient on the usual fee-for-service basis.
2. The patient always pays a part of the fee as well as contributing to the "insurance society".
3. There is no third party intervention since the government benefit is paid to the patient automatically through his insurance.
4. The patient receives no government benefit unless he is a member of the "insurance society".
5. Freedom to choose doctor or patient is preserved.
6. There is no government interfer-

Distinctive Dining
At
Springfield's Student Prince and Fort Restaurant
6 Fort St. - ST 8-6628 - Springfield

Curran-Jones
FUNERAL HOME
WEST SPRINGFIELD

KING'S PHARMACY
Standish B. King, Reg. Pharmacist
Ethel K. King, Manager
Two stores (1—117 Main St., LY 2-1651, Chicopee Falls, Mass. 2—White and Sumner Ave., RE 2-0082, Springfield, Mass.

For Information or Reservations for your Business or Pleasure trip contact:
WEIDNER TRAVEL BUREAU, Inc.
83 State Street — Springfield, Mass.
RE 6-4595

TOBER FOREIGN MOTORS, INC.
676 Belmont Avenue
Sweden's SAAB - VOLVO
and now
the LARK and HAWK
By Studebaker
RE 7-6333 Open Evenings

ence in where and how a doctor practices, beyond the usual ethical and legal requirements.

This system "encourages self-help rather than dependence on the State, it preserves the doctor-patient relationship, and yet it relieves the patient of much of the financial burden of medical treatment. At the same time, the Australian doctor remains free of the bureaucratic control that appears to prevail in Britain".

Clearly the increasing experience of these and other countries provides a mandate to our medical profession to give active leadership to the evolution of a sound health program for our nation.

Williams

PROFESSIONAL PHARMACY
IN MEDICAL CENTER
130 Maple Street Springfield
RE 6-1859

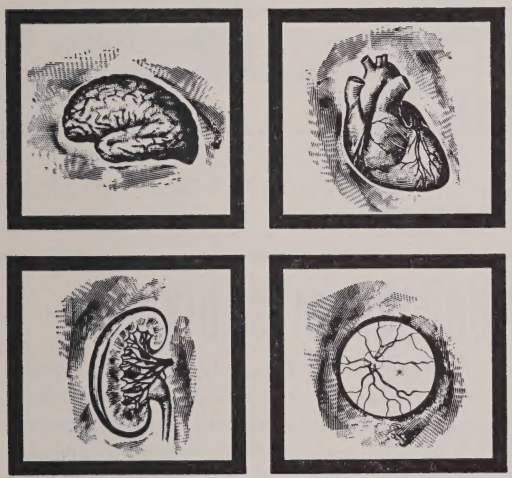
Compliments of
HANNIGAN-FITZGERALD
FUNERAL HOME, Inc.
656 State Street Springfield, Mass.

S C O S I
SPORTS CARS OF SPFLD., INC.
AUSTIN-HEALY . . SUNBEAM ALPINE . . HILLMAN . . MGA . . MORRIS
and NOW!! — Your Authorized Dealer For:
MERCEDES BENZ -- D.K.W.
SALES — SERVICE — PARTS
567 Main St., cor Marble ST 8-0979

North End Pharmacy
1869 MAIN ST. Corner SHARON ST. — SPRINGFIELD, MASS.
Phone RE 3-9154 Ronald C. Atwater, B.S. PH., Reg. Ph.
OPEN 24 HOURS
EVERY DAY
The Rexall Store

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

4 essential actions in one Rx:
to bring most
hypertensive patients
under control



- **central action** inhibits sympathetic vasoconstrictor impulses, improves cerebral vascular tone
- **renal action** increases renal blood flow as well as urine volume and sodium and chloride excretion
- **cardiac action** prolongs diastole, decreases heart rate and cardiac output, thus easing strain on the myocardium
- **vascular action** blocks effects of pressor substances, enables blood vessels to dilate more fully.

Most hypertensive patients need more than one drug...but most hypertensive patients need only one Rx: SER-AP-ES®

Supplied: SER-AP-ES Tablets (salmon pink), each containing 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, and 15 mg. Esidrix.

For complete information about Ser-Ap-Es (including dosage, cautions, and side effects), see current Physicians' Desk Reference or write CIBA, Summit, New Jersey.

SERPASIL® (reserpine CIBA)
APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA)
ESIDRIX® (hydrochlorothiazide CIBA) 2/3002M9

CIBA Summit, New Jersey

REHABILITATION CONFERENCE

Leaders of various civic, fraternal, veteran, medical and religious groups will hear a panel discussion on January 21, 1962 by experts on the aspects of rehabilitation in insurance, federal government and long term physical rehabilitation care.

The panelists are H. A. Stoppels, Superintendent of Rehabilitation at the Aetna Insurance Company home office in Hartford, A. Ryrie Koch, Regional Representative of the (U. S.) Office of Vocational Rehabilitation and Henry H. Kessler, M.D., Medical Director of the Kessler Institute for Rehabilitation, West Orange, New Jersey.

A smorgasbord supper will be served at 7 P. M. at the American Legion Hall, Liberty Street, Springfield. Panel discussion will follow. All physicians are cordially invited to attend.

PEDIATRIC GUEST SPEAKER

On Thursday, February 8, 1962, at the Springfield Hospital, the speaker will be Mr. Sidney Shapiro, Executive Secretary of The Community Council, Springfield, Mass. His subject will be "Hippocrates and Social Welfare: A Challenge to the Medical Profession".

On Thursday, March 8, 1962, Park S. Gerald, M.D., Associate Physician and Assistant Hematologist at the Children's Hospital, Boston, Mass., will speak on "The Hemoglobinopathies".

THE MEDICAL CREDITS DIVISION

An organization of Physicians, Dentists, and Hospitals, sponsored by the Credit Bureau, Inc. of Greater Springfield, to give educational and professional assistance to its members in safe credit and collection procedures. Provides pre-collection aids and offers where required, an ethical, dignified, and efficient collection service.

For further information please call Mrs. Elizabeth Sweet.

THE CREDIT BUREAU, INC. 276 Bridge Street RE 6-4511

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A FORMULATION THAT PROVIDES ALL NIGHT PROTECTION AS IT PROMOTES HEALING IN THE MANAGEMENT OF

DIAPER RASH

D-RASH is a soothing well balanced product containing Peruvian Balsam, Cod Liver Oil, and Zinc Oxide properly compounded with Beeswax, Talc, Lanolin and Caster Oil in a suitable non-irritating base.

Available At All Drug Outlets

MERIT PHARMACAL CO. — SOMERS, CONN.

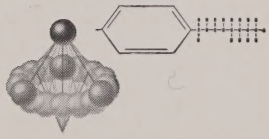
4

years of effective R_x use

now prescribed for more than 650,000 patients

Orinase*

Upjohn



*TRADEMARK, REG. U.S. PAT. OFF.—TOLBUTAMIDE, UPJOHN

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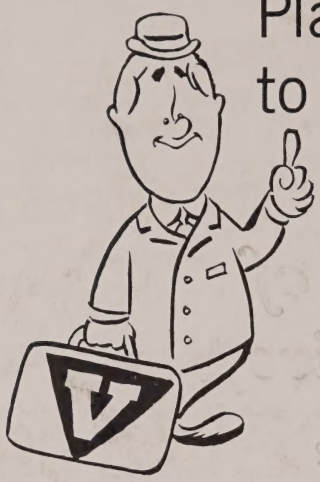
The Upjohn Company, Kalamazoo, Michigan



Plan Your Insurance to Insure Your Plans

The Trust Department of Valley Bank is constantly aware of the benefits of life insurance. We have seen how it can finance the education of children and provide money for the family expenses during the period when the Will is being probated. Most plans requiring money can be carried out with the help of properly organized, adequate insurance.

Our Trust Officers are always happy to work with your life underwriter and attorney in fitting life insurance into your overall estate picture.

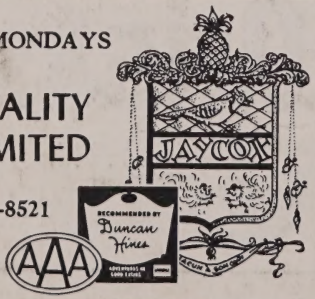
Valley Bank
AND TRUST COMPANY

Trust Department
Main Office
1351 Main Street, Springfield

MEDICAL SERVICE DIVISION
OF
CORLISS ADJUSTMENT BUREAU, INC.
293 Bridge Street Springfield 3, Massachusetts

The only member of Medical Dental Hospital Bureaus of America, Inc. in Hampden County. Serving the "Business Side of Medicine" for nearly two decades. Our studied intent, in every contact with your delinquent patient, is to collect your money due while still retaining the patient's good will. A staff of twelve trained adjustors, specializing in the physician's collection problem, is at your service.
Mr. Corliss will consult with you at your convenience. Call Springfield RE 9-7346

CLOSED MONDAYS
HOSPITALITY UNLIMITED
RE 6-8521



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